

UNITED STATES DISTRICT COURT

District of _____

Judith Fonseca,

SUMMONS IN A CIVIL ACTION

V.

Brooks Pharmacy, Inc., and
MC Woonsocket, Inc.

CASE NUMBER:

04-11870 WGY

TO: (Name and address of Defendant)

National Research, LTD Registered Agent for
Brooks Pharmacy, Inc.
18 Tremont Street, Suite 148
Boston, MA

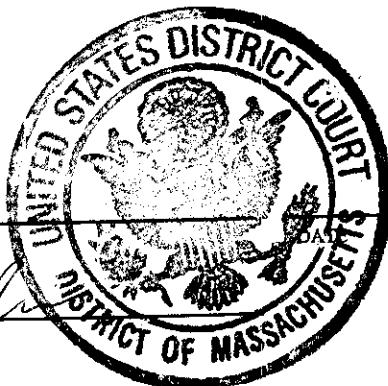
YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John M. Sahady, Esquire
SAHADY ASSOCIATES, P.C.
399 North Main Street
Fall River, MA 02720

an answer to the complaint which is served on you with this summons, within twenty days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

(By) DEPUTY CLERK



8-27-04

Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108



Suffolk, ss.

November 4, 2004

I hereby certify and return that on 11/4/2004 at 8:55AM I served a true and attested copy of the Summons, Complaint and Cover Sheet in this action in the following manner: To wit, by delivering in hand to J. Speredellizzi, Process Clerk & agent in charge at time of service, for National Research, LTD, at Brooks Pharmacy, Inc., 18 Tremont Street, Suite 148 Boston, MA. U.S. District Court Fee (\$5.00), Basic Service Fee (TH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff

Deputy Sheriff John Calti

Address of ServerSignature of ServerDateExecuted on

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

DECLARATION OF SERVICE		
TRAVEL	SERVICES	TOTAL \$0.00
STATEMENT OF SERVICE FEES		
<input type="checkbox"/> Other (Specify): _____		
<input type="checkbox"/> Returned unexecuted:		
Name of person with whom the summons and complaint were left <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
Check one box below to indicate appropriate method of service		
NAME OF SERVER (PRINT)	TITLE	
Service of the Summons and complaint was made by me:		
RETURN OF SERVICE		

01026332